



Return Copy to:

Bank of America
Government Card Services
P.O. Box 1637
Norfolk, VA 23501-1637
Facsimile: 757.624.6323
Toll Free Fax: 877.217.1033

EAGLS Access Application Form

Use this form to obtain, modify or delete access to Bank of America Electronic Account Government Ledger System (EAGLS). A/OPCs may complete the Point of Contact form in lieu of this form to obtain EAGLS access. Questions? Call GCSU toll-free (1.800.472.1424) from the US and Canada or, if dialing from international locations, call collect (1.757.441.4124).

New ☐

Modify* ☐

Delete/Close* ☐

*Note: If Modify or Delete/Close, give Current User ID —

Name (Last, First): _____	
Agency/Organization Name: _____	
Mailing Address: _____ _____ _____	
City: _____	State/Province: _____
Zip/Postal Code: _____	Country: _____
Business Telephone: _____ (Commercial Access)	FAX Number: _____
E-mail Address: _____	

Role (check one):	Agency Program Coordinator <input type="checkbox"/>
	Designated Billing Office ** <input type="checkbox"/>
	Transaction Dispute Office** <input type="checkbox"/>
	Clerical <input type="checkbox"/>
	Cardholder <input type="checkbox"/>
	Customized Role <input type="checkbox"/>
Cardholder Account Number : _____ (if cardholder access requested)	
A/OPC Name: _____	
**To be completed for Centrally Billed Accounts Only	

IMPORTANT: Please complete the following information for all roles except "Cardholder." List Agency/Organization name and the seven (7) digit hierarchy number for each hierarchy level (up to eight levels) to which access is required.

Hierarchical Unit Name	HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8

Authorized Official: _____
Name (Please print)

Authorized Official: _____
Signature

Business Telephone: _____
(Commercial Access Number Required; Include Area or Country Code)

Date: _____

Bank of America Use
Only:

User ID:

Processed by:

Date:

Form S07A1198

Revised: 05/17/99



Instructions for EAGLS Access Application Form

Purpose	Use this form to obtain, modify, or delete access to the Electronic Account Government Ledger System (EAGLS).
Instructions	<p>Authorized Officials should complete this form to add access, or change or delete existing access to EAGLS. Mail or fax to:</p> <p style="text-align: center;"> Bank of America Attn: GCSU P. O. Box 1637 Norfolk, VA 23501-1637 Fax: 757.624.6323 Toll free fax: 877.217.1033 </p>

Field Descriptions of form elements

New, Modify, Delete/Close – Check box to indicate status of user's access.
Name (Last, First) - Enter last and first name of user requesting EAGLS access.
Agency/Organization Name - Enter user's (card holder's) agency name.
Mailing Address (includes City, State/Province, Zip/Postal Code, and Country) – Enter user's mailing address.
Business Telephone — Enter user's commercial work telephone number.
Fax Number — Enter user's fax number.
E-mail Address — Enter user's email address.
Role (check one) — Check role user will be assigned. For role descriptions, refer to EAGLS User Guide, Overview, Authorized Use. Note that the DBO and TDO roles are for centrally billed accounts only.
Cardholder Account Number — Enter user's 16-digit account number. Complete only if user's role will be cardholder.
A/OPC Name — Enter user's A/OPC's name.
Agency/Organization Name — Enter user's Agency name. Do not complete if user's role will be cardholder.
HL1 - HL8 — Enter 7-digit hierarchy level number(s) for which the user will have responsibility. Do not complete if user's role will be cardholder.
Authorized Official - Name/Title — Print name and title of person authorized to request EAGLS access.
Business Telephone — Enter Authorized Official's commercial business telephone number.
Authorized Official - Signature — Enter Authorized Official's signature.
Date — Enter date of signature.